

Routed: \_\_\_\_\_

# Visit/Assignment Request

SECRETARIAL CONTACT: \_\_\_\_\_ EXT. \_\_\_\_\_

## PART I: PERSONAL DATA

1. <b>Name of Visitor</b> (Family, Given, Middle)				2. Visitor Number		3. Request Number	
4. <b>Gender of Visitor</b> M <input type="checkbox"/> F <input type="checkbox"/>		5. <b>Place of Birth</b> (City, Country)				6. <b>Date of Birth</b> (mm/dd/yy)	
7. <b>Country of Citizenship</b>		Dual Citizenship		8. Passport Number		9. Expiration Date (mm/dd/yy)	
10. <b>Immigrant Alien</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		11. Type of Visa		12. Expiration Date		13. Interpreter Needed Yes <input type="checkbox"/> No <input type="checkbox"/>	
						14. Work Phone Home Phone E-mail Fax	
15. <b>Name of Current Employer</b>				16. Place of Work (If different from 15)			
Street				Street			
City		State/Province		City		State/Province	
ZIP Code		Division		ZIP Code		Division	
<b>Country</b>				Country			
17. Title, position, or description of visitor's or assignee's duties							
18. Kind of business or organization of visitor's or assignee's employer (e.g., government, company, laboratory, university)							
19. Education background (include university/college degrees and dates conferred)							
20. Field of research							

## FOLLOWING INFORMATION REQUIRED ONLY IF FAMILY MEMBERS ARE COMING ON SITE

21. Name of Family Member (Family, Given, Middle)				22. Place of Birth (City, Country)			
23. Date of Birth (mm/dd/yy)			24. Relationship			25. Citizenship	
26. Name of Family Member (Family, Given, Middle)				27. Place of Birth (City, Country)			
28. Date of Birth (mm/dd/yy)			29. Relationship			30. Citizenship	

		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			